


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90088 015 \*\*\*150.00

<b>DOCUMENT # P02000002125</b>	
1. Entity Name AMERICAN GASTROENTEROLOGY ASSOCIATES, P.A.	

Principal Place of Business 1830 LISENBY AVENUE SUITE D PANAMA CITY, FL 32405	Mailing Address 1830 LISENBY AVENUE SUITE D PANAMA CITY, FL 32405
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94029538



2. Principal Place of Business 2407 Ruth Hertz Ave Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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02012004 Chg-P CR2E034 (10/03)

City & State Panama City, FL	City & State
Zip 32405	Country Bay

4. FEI Number 31-1815406	Applied For Not Applicable
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6. Name and Address of Current Registered Agent EVANS, EUGENE DR. 1830 LISENBY AVENUE SUITE D PANAMA CITY, FL 32405	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST EVANS, EUGENE DR. 1830 LISENBY AVENUE #D PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, EUGENE DR. 1830 LISENBY AVENUE #D PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.

**SIGNATURE:** \_\_\_\_\_ **3/11/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #